

Referral Request
Murray Center for Student Wellness
University Counseling Services

Please answer the questions below - this information will help us best connect you to the appropriate clinician. We will do our best to respond via secure message* on your Student Health Portal within 2-3 business days.

Name: _____ **Date:** _____

BC ID #: _____

Phone: _____

Email: _____

1. Are you interested in psychotherapy or medication? *(please mark either or both)*

☐ Psychotherapy

☐ Medication

2. Please briefly explain what you would like to focus on in therapy (or what you are seeking medication to address): *(e.g. family, anxiety, dating, trauma, depression, body image, ADHD, etc)*

3. What location would be most convenient? *(e.g. near BC, Cambridge, etc)*

Do you have a car?

4. Would you like to use your health insurance? If so, what insurer *(e.g. Blue Cross Blue Shield, Cigna, United, etc.)?*

What type of plan do you have? ☐ HMO ☐ PPO ☐ BC Student Plan

5. Is there anything else we should know about you or what you're looking for in a therapist to find you the best match?

Please visit <https://bc.studenthealthportal.com/> to upload this form to your Student Health Portal. For questions about referrals you may contact Nikki Pollard, LICSW, Senior Staff Social Worker & Case Manager at pollarni@bc.edu.

**To maintain compliance with HIPAA data privacy regulations a response to your referral request will be sent to you via secure message on the Student Health Portal*